



Client No. <b>2036</b>		Client Name <b>C.H. MATERIALS</b>				Location <b>1004 OSWEGO ST. UTICA NY</b>				Date <b>July 4, 1987</b>															
Facility Equipment	Detax Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other <b>GATE KEYS, RADIO, Log Book</b>																		
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) <b>Kenneth Fralich</b>				Officer—Swing Shift (Name) <b>GEORGE, John D</b>				Officer—Grave Shift (Name) <b>WELCH</b>															
		Shift		Shift		Shift		Shift		Shift		Shift													
		Began <b>8 AM PM</b>		Ended <b>4 AM PM</b>		Began <b>4</b>		Ended <b>12 AM PM</b>		Began <b>0400 AM PM</b>		Ended <b>0800 AM PM</b>													
Observations or actions taken		Yes	No	Explanation				Yes	No	Explanation															
Rounds or stations missed			✓						✓																
Unlocked doors, gates or windows			✓						✓																
Unlocked vaults or safes			✓						✓																
Fire-smoke-or hazards			✓						✓																
1. Extinguishers missing or defective			✓						✓																
2. Sprinkler system defective			✓						✓																
3. Fire doors or exits blocked			✓						✓																
4. Rubbish accumulation			✓						✓																
5. Motors running			✓						✓																
6. Lights left burning			✓					✓	<b>TUNED ON NITE LITE</b>																
Injury hazards			✓						✓	<b>Night lights</b>															
Visitors			✓						✓																
Trespassing			✓						✓																
Violation of company rules			✓						✓																
Remarks																									
<b>IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.</b>																									
1. Were you injured during this tour?		Day Shift	1.	Yes	No	2.	Yes	No	3.	Swing Shift	1.	Yes	No	2.	Yes	No	3.	Grave Shift	1.	Yes	No	2.	Yes	No	3.
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2. Did you suffer any illness?		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Michael M. Miller ept		Signatures		1. <b>Kenneth Fralich</b>				Swing Shift				1. <b>John D. George</b>				Grave Shift				1. <b>Robert Welch</b>					
1:20 A		Signatures		2.				2.				2.				2.									
		Signatures		3.				3.				3.				3.									

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